



| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br>FY 2009<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                        | Docket Number (Optional)<br>0365-0662PUS1 |               |
|---|------------------------|---|---------------|
| Application Number  | 10/563,826-Conf. #5038 | Filed                                     | July 10, 2006 |
| For A METHOD FOR CLEAVING PROTEINS  |                        |   |               |
| Art Unit  | 1654                   | Examiner                                  | A. A. Mohamed |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                        |   |               |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                        |   |               |
|   | <u>Fee</u>             | <u>Small Entity Fee</u>                   |               |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                  | \$65                                      | \$            |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490                  | \$245                                     | \$ 490.00     |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                 | \$555                                     | \$            |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                 | \$865                                     | \$            |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                 | \$1175                                    | \$            |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                        |   |               |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                        |   |               |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                        |   |               |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                        |   |               |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448.                         |                        |   |               |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |                        |   |               |
| I am the <input type="checkbox"/> applicant/inventor.   |                        |   |               |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                        |   |               |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 28,977   |                        |   |               |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                        |   |               |
| Registration number if acting under 37 CFR 1.34   |                        |   |               |
| <u>M. J. Cole</u><br>Signature  |                        | <u>December 5, 2008</u><br>Date           |               |
| <u>Ar</u> Gerald M. Murphy, Jr.<br>Typed or printed name  |                        | <u>(703) 205-8000</u><br>Telephone Number |               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                        |   |               |
| <input type="checkbox"/> Total of 1 forms are submitted.  |                        |   |               |

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